

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35086**

FILED NOV 4 1957

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and location) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>211 E. Benton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FORREST</u>		b. (Middle) _____		c. (Last) <u>HARPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 1 1957</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 8, 1867</u>	
9. AGE (in years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Goel Harper</u>				13b. MOTHER'S MAIDEN NAME <u>Elaphoria Rush</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Harper, Carrollton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease?</u> DUE TO (c) <u>arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility, Prostatic hypertrophy.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1-18</u> , 19 <u>54</u> , to <u>11-1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>57</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William S. Everett DO</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>11-2-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/3/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beatty Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-2-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nellie C. Caver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley T. Gibson</u>		ADDRESS <u>Carrollton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 21 1957
DEC 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.